


HOME HEALTH CARE SERVICES:

STATE DESCRIPTIONS

JULY, 1978



Ilse Sandmann
Health Care Financing Administration
Medicaid Bureau
Division of Analysis and Evaluation

January, 1979

REPORTS

RA
645
.35
S26
1979

RA
645.35
.526
1979



CMS Library
C2-07-13
7500 Security Blvd.
Baltimore, MD 21244

INTRODUCTION

In October 1977, Congress passed PL 95-142, the "fraud and abuse" Act. One section, §18, required HEW to prepare an in-depth study of in-home services reimbursed under Federal Titles such as Medicare, Medicaid Social Services, and Titles III or VII of the Older Americans Act. In partial fulfillment of this requirement, the Medicaid Bureau sent questionnaires to each State Medical Services Unit to obtain data and determine compliance with home health requirements, and Personal Care Services. Information was also requested to learn the amount, duration and scope of these programs as of July, 1978.

These data were analyzed and significant parts incorporated into the Congressional report. However, because the information on a State basis might be of value to others, we have compiled this Medicaid report.

With respect to home health services the general trend has been toward reimbursement practices similar to or identical with Medicare. Seventeen states pay on a "usual or customary" or "lower of cost or charges" basis. Some of these same states (3) have a ceiling or pay a percentage of charges. Nineteen states reimburse on a cost-basis and all but three pay the same fee as Medicare. Fourteen states have a fee schedule, a negotiated rate, or a schedule of maximum allowances. These fourteen are most likely to have a very restrictive reimbursement policy that does not encourage participation of the home health providers.

Review of reimbursement rates for home health agencies by State Medicaid agencies varies from State to State. The majority rely on Medicare's annual audit to review reimbursement rates. Most rates are reviewed annually (34). One state reviews rates quarterly; one does so biennially; one did not know how often rates are reviewed; four review rates when an agency wishes to increase fees; another "as needed, but no more often than annually". Several states did not reply to the question.

In terms of limitations that states place upon home health services, twenty-three states have a "homebound" requirement although there is no Federal regulation that mandates this; twenty-three states have some type of prior authorization requirement, either for therapy, equipment, or the number of visits; twenty-eight states listed "skilled" nursing as a service, but it was not clear whether the patient was required to need skilled nursing or whether it was available when needed; sixteen states had some limits on the number of home visits ranging from a total of 50 per year to 150 or the Medicare limit. For the Medicare limit they did not indicate whether this meant 100 or 200 visits. Most states stated that the number was based on "medical necessity" or even when a limit was set through the process of "prior authorization" the number can be increased.

Nine States have arrangements either with individual RNs or with local Health Departments to provide in-home nursing care in counties where there are no home health agencies.

The following is a summary of the data:

- o Total Medicare certified home health agencies in the U.S. as of June 30, 1978 - 2616.
- o Counties without agencies - 340, but Alaska has only one agency in the State. It has no counties.
- o Approximate number of agencies that refuse Medicaid patients - 104.
- o H. H. agencies providing physical therapy: 2002;
State Medicaid agencies paying for physical therapy: 35.
- o H. H. agencies providing occupational therapy: 824;
State Medicaid agencies paying for occupational therapy: 25.
- o H. H. agencies providing speech therapy: 1287;
State Medicaid agencies paying for speech therapy: 30.
- o H. H. agencies providing HH Aide Services: 2242.
Aide services are mandatory and all State Medicaid agencies must pay for those services when ordered by a physician and available through the HH agencies or through arrangements with a local RN or the health department.

The pages that follow contain the data reported by each State, describing its home health services. As of June 30, 1978, nine states also provide personal care services which are defined in the regulation (40 CFR 440.170 (f)) as: "Personal Care Services in a recipient's home means services prescribed by a physician in accordance with the recipient's plan of care and provided by an individual who is (1) qualified to provide the services; (2) supervised by a registered nurse; and (3) not a member of the family."

The personal care services program has been in existence since 1968, mainly in Oklahoma. The following states are also involved: District of Columbia; Massachusetts; Minnesota; Montana; Nebraska; Nevada; New York; and Wisconsin.

More and more states are becoming interested in utilizing personal care services as an alternative to institutionalization. The following states are pursuing the possibility of including personal care services as an option: Georgia; Hawaii; Maryland; Michigan; and New Jersey.

HOME HEALTH CARE

State: Alabama

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound, Prior Authority for all visits beyond 100.

Optional Services Provided - None

2. Target Population [Groups Served]

Categorically needy and Buy-in.

3. Provider Supply

Number of Counties: 67

Number of Counties without home health agencies: 1

Total number of home health agencies: 80

Types: WNA: 2; Official 61; Private non-profit 12;

Proprietary 0; Hospital-based 2; other 4.

Number of agencies offering:

Home health aides: 77; P.T. 63; O.T. 5; Speech 27.

Number of agencies refusing Medicaid patients: 0.

Number of agreements with RN's where no agency: 0.

4. Administration

Method of reimbursement: Schedule of maximum allowances

Payment per visit: Nursing \$25.00 max; Aide \$25.00 max; Therapy n/a.

Fiscal agent: Blue Cross/Blue Shield

5. Utilization:

	1974	1975	1976
No. of Patients Served	1267	1504	1913
Expenditures	\$241,862	\$392,753	\$593,417
Avg. Case Cost	\$ 190	\$ 261	\$ 311
Home Health as a % of Total Medical			
Vendor Payments	.3%	.3%	.4%

State: Alaska

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound

Optional Services Provided - None

2. Target Population [Groups Served]

Categorically needy only.

3. Provider Supply

Number of Counties: 0

Number of Counties without home health agencies: Only one agency
in State.

Total number of home health agencies: 1

Types: VNA: 0; Official 1; Private non-profit 0;

Proprietary 0; Hospital-based 0.

Number of agencies offering:

Home health aides: 0; P.T. 1; O.T. 1; Speech 1.

Number of agencies refusing Medicaid patients: 0.

Number of agreements with RN's where no agency: .

4. Administration

Method of reimbursement: Fee Schedule

Payment per visit: Nursing \$37.50; Aide ; Therapy .

Fiscal agent: Delta Dental Plan of Alaska

5. Utilization:

	1974	1975	1976
No. of Patients Served	11	17	38
Expenditures	\$729	\$6,412	\$11,394
Avg. Case Cost	\$ 66	\$ 377	\$ 299
Home Health as a			
% of Total Medical			
Vendor Payments	.01%	.08%	.1%

State: Arkansas

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Visits limited to 50/yr, but more are allowed with prior approval.

Optional Services Provided - P.T. and Speech

2. Target Population [Groups Served]

Categorically needy, medically needy, and Buy-in

3. Provider Supply

Number of Counties: 75

Number of Counties without home health agencies: 0

Total number of home health agencies: 80

Types: VNA: 1; Official 74; Private non-profit 1;

Proprietary 0; Hospital-based 3; other 1.

Number of agencies offering:

Home health aides: 51; P.T. 43; O.T. 1; Speech 76.

Number of agencies refusing Medicaid patients: None.

Number of agreements with RN's where no agency: n/a.

4. Administration

Method of reimbursement: Cost based

Payment per visit: Nursing \$15-23.00; Aide _____; Therapy _____.

Fiscal agent: Arkansas Blue Cross/Blue Shield

5. Utilization:

	1974	1975	1976
No. of Patients Served	238	233	258
Expenditures	\$25,228	\$41,079	\$53,484
Avg. Case Cost	\$ 106	\$ 177	\$ 208
Home Health as a % of Total Medical			
Vendor Payments	.04%	.04%	.05%

State: California

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound; "skilled" care, Post-Institutional care,
Prior authorization for all evaluation visits beyond
one every six weeks
Optional Services Provided - None

2. Target Population [Groups Served]

Categorically needy, Medically needy, and Buy-in

3. Provider Supply

Number of Counties: 58

Number of Counties without home health agencies: 15

Total number of home health agencies: 111

Types: WNA: 27; Official 13; Private non-profit 14;

Proprietary 36; Hospital-based 17; other 4

Number of agencies offering:

Home health aides: 107; P.T. 104; O.T. 71; Speech 81.

Number of agencies refusing Medicaid patients: 1.

Number of agreements with RN's where no agency: 0.

4. Administration

Method of reimbursement: Schedule of Maximum Allowances

Payment per visit: Nursing \$26.10; Aide \$12.40; Therapy \$23.60.

Fiscal agent: Blue Shield for all non-institutional claims except
dental.

5. Utilization:

	1974	1975	1976
No. of Patients Served	12,149	11,741	12,255
Expenditures	\$1,522,000	\$1,722,929	\$1,768,380
Avg. Case Cost	\$ 124	\$ 150	\$ 145
Home Health as a			
% of Total Medical			
Vendor Payments	. 1%	. 1%	. 1%

State: Colorado

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Total of 150 visits permitted

Optional Services Provided - None

2. Target Population [Groups Served]

Categorically needy, and Buy-in

3. Provider Supply

Number of Counties: 63

Number of Counties without home health agencies: 17

Total number of home health agencies: 32

Types: VNA: 4; Official 22; Private non-profit 3;

Proprietary 0; Hospital-based 1; other 2.

Number of agencies offering:

Home health aides: 23; P.T. 28; O.T. 13; Speech 16.

Number of agencies refusing Medicaid patients: 1.

Number of agreements with RN's where no agency: 0.

4. Administration

Method of reimbursement: Lower of cost or charges, not to exceed rates listed below.

Payment per visit: Nursing \$28/visit; Aide \$14/visit; Therapy n/a.

Fiscal agent: Colorado Hospital Service, Inc. and Colorado Medical Service, Inc.
(Blue Cross/Blue Shield)

5. Utilization:

	1974	1975	1976
No. of Patients Served	1092	1183	1333
Expenditures	\$154,152	\$175,369	\$206,546
Avg. Case Cost	\$ 141	\$ 147	\$ 154
Home Health as a			
% of Total Medical			
Vendor Payments	. .2%	.2%	.2%

State: Connecticut

Date: July 1978

1. Characteristics of Services:

Program Restrictions - 12 visits allowed without prior approval

Optional Services Provided - Therapies: PT, OT, Speech and Hearing

2. Target Population [Groups Served]

Categorically and Medically needy; Buy-in

3. Provider Supply

Number of Counties: 8

Number of Counties without home health agencies: 0

Total number of home health agencies: 84

Types: WNA: 61; Official 17; Private non-profit 1;

Proprietary 0; Hospital-based 2; other 3.

Number of agencies offering:

Home health aides: 84; P.T. 84; O.T. 44; Speech 61.

Number of agencies refusing Medicaid patients: None.

Number of agreements with RN's where no agency: n/a.

4. Administration

Method of reimbursement: Proprietaries - negotiated rate; others cost based

Payment per visit: Nursing ; Aide ; Therapy

Hospital Commission sets rates for all visits.

Fiscal agent: None. State processes own claims

5. Utilization:

	1974	1975	1977
No. of Patients Served	8	est. 812	
Expenditures	\$3,780	\$93,424	\$535,298
Avg. Case Cost		\$ 115	
Home Health as a			
% of Total Medical			
Vendor Payments	.	.06%	

State: Delaware

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound ; prior authorization for services;
No. of visits depends upon patient needs.

Optional Services Provided - P.T.; Speech Therapy

2. Target Population [Groups Served]
Categorically needy and Buy-in.

3. Provider Supply

Number of Counties: 6

Number of Counties without home health agencies: None

Total number of home health agencies: 6

Types: VNA: 1; Official 3; Private non-profit 1;

Proprietary 0; Hospital-based 1.

Number of agencies offering:

Home health aides: 4; P.T. 3; O.T. 2; Speech 2.

Number of agencies refusing Medicaid patients: 0.

Number of agreements with RN's where no agency: 0.

4. Administration

Method of reimbursement: Lower of cost or charges.

Payment per visit: Nursing 98% of chg; Aide same; Therapy same.

Fiscal agent: Blue Cross/ Blue Shield of Delaware, Inc.

5. Utilization:

	1974	1975	1976
No. of Patients Served	192	214	219
Expenditures	\$60,449	\$61,186	\$68,909
Avg. Case Cost	\$ 304	\$ 285	\$ 315
Home Health as a % of Total Medical			
Vendor Payments	.5%	.4%	.38%

State: District of Columbia

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound, prior authorization for durable equipment

Optional Services Provided - P.T., and Speech

2. Target Population [Groups Served]

Categorically and Medically needy; Buy-in.

3. Provider Supply

Number of Counties: None

Number of Counties without home health agencies: None

Total number of home health agencies: 5

Types: VNA: 1; Official 1; Private non-profit 3;

Proprietary 0; Hospital-based 0.

Number of agencies offering:

Home health aides: 5; P.T. 5; O.T. 3; Speech 4.

Number of agencies refusing Medicaid patients: 2.

Number of agreements with RN's where no agency: n/a.

4. Administration

Method of reimbursement: Negotiated rate, not to exceed Medicare

Payment per visit: Nursing \$22.67; Aide \$8.35/hr.; Therapy \$22.67.
up to 4 hrs.

Fiscal agent: None - D.C. processes own claims.

5. Utilization:

	1974	1975	1976
No. of Patients Served	2,518	2,375	1,835
Expenditures	\$232,625	\$2,013,693	\$1,307,599
Avg. Case Cost	\$ 92	\$ 847	\$ 712
Home Health as a % of Total Medical			
Vendor Payments	. .3%	2.1%	1.24%

State: Florida

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound; only 15 agencies serve Medicaid patients.

Optional Services Provided - none

2. Target Population [Groups Served]

Categorically needy and Buy-in

3. Provider Supply

Number of Counties: 67

Number of Counties without home health agencies: 20

Total number of home health agencies: 122

Types: VNA: 11; Official 16; Private non-profit 64;

Proprietary 23; Hospital-based 4; other 4.

Number of agencies offering:

Home health aides: 116; P.T. 112; O.T. 71; Speech 93.

Number of agencies refusing Medicaid patients: 70.

Number of agreements with RN's where no agency: None.

4. Administration

Method of reimbursement: Schedule of Maximum allowances.

Payment per visit: Nursing \$13.50; Aide \$7.50; Therapy none.

Fiscal agent: Systems Development Corporation Integrated Services, Inc.

5. Utilization:

	1974	1975	1976
No. of Patients Served	715	648	846
Expenditures	\$42,398	\$96,270	\$183,334
Avg. Case Cost	\$ 59	\$ 148	\$ 216
Home Health as a % of Total Medical			
Vendor Payments	.04%	.06%	.1%

State: Georgia

Date: July 1978

1. Characteristics of Services:

Program Restrictions - 100 visits

Optional Services Provided - P.T. and Speech

2. Target Population [Groups Served]

Categorically needy and Buy-in

3. Provider Supply

Number of Counties: 159

Number of Counties without home health agencies: 32

Total number of home health agencies: 23

Types: WNA: 1; Official 5; Private non-profit 8;

Proprietary 0; Hospital-based 4; other 5.

Number of agencies offering:

Home health aides: 20; P.T. 17; O.T. 7; Speech 13.

Number of agencies refusing Medicaid patients: 8.

Number of agreements with RN's where no agency: 0.

4. Administration

Method of reimbursement: lower of cost or charges, set by Medicare

Payment per visit: Nursing \$12-33.00; Aide \$7-32.00; Therapy \$14.50-35.00

Fiscal agent: None. State processes own claims.

5. Utilization:

	1974	1975	1976
No. of Patients Served	853	978	1010
Expenditures	\$174,345	\$309,360	\$282,180
Avg. Case Cost	\$ 204	\$ 315	\$ 279
Home Health as a % of Total Medical			
Vendor Payments	. 1%	.12%	.12%

State: Hawaii

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Prior authorization for speech and audiology.

Optional Services Provided - P.T., O.T., Speech and Hearing

2. Target Population [Groups Served]

Categorically and medically needy, and Buy-in

3. Provider Supply

Number of Counties: 4

Number of Counties without home health agencies: 0

Total number of home health agencies: 6

Types: VNA: 0; Official 1; Private non-profit 0;

Proprietary 1; Hospital-based 3; other 1.

Number of agencies offering:

Home health aides: 5; P.T. 6; O.T. 5; Speech 3.

Number of agencies refusing Medicaid patients: 0.

Number of agreements with RN's where no agency: 0.

4. Administration

Method of reimbursement: Medicare upper limit.

Payment per visit: Nursing \$25.25; Aide \$19.00; Therapy \$25.25.

Fiscal agent: Hawaii Medical Services Administration

(Blue Cross/Blue Shield)

5. Utilization:

	1974	1975	1976
No. of Patients Served	374	459	587
Expenditures	\$86,191	\$120,759	\$157,409
Avg. Case Cost	\$ 235	\$ 266	\$ 268
Home Health as a % of Total Medical			
Vendor Payments	. 3%	.33%	.3%

State: Idaho

Date: July 1978

1. Characteristics of Services:

Program Restrictions -None

Optional Services Provided - P.T., O.T., Speech, and Hearing

2. Target Population [Groups Served]

Categorically needy only.

3. Provider Supply

Number of Counties: 44

Number of Counties without home health agencies: 16 (there are 11 agencies in the State serving 28 counties).

Total number of home health agencies: 11

Types: VNA: 0; Official 4; Private non-profit 0;

Proprietary 2; Hospital-based 4; other 1.

Number of agencies offering:

Home health aides: 8; P.T. 10; O.T. 3; Speech 8.

Number of agencies refusing Medicaid patients: None.

Number of agreements with RN's where no agency: None.

4. Administration

Method of reimbursement: Usual and customary.

Payment per visit: Nursing \$15-30.00; Aide \$4-17.00; Therapy \$10-30.00
Per visit (per hr.) Per visit

Fiscal agent: Delta Dental Plan of Idaho, Inc.

5. Utilization:

	1974	1975	1976
No. of Patients Served	116	154	219
Expenditures	\$28,055	\$58,074	\$80,664
Avg. Case Cost	\$ 222	\$ 334	\$ 368
Home Health as a % of Total Medical			
Vendor Payments	.2%	.24%	.26%

State: Illinois

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Prior authorization for non-Medicare patients

Optional Services Provided - P.T., O.T., Speech, and Hearing

2. Target Population [Groups Served]

Categorically needy, medically needy; and Buy-in

3. Provider Supply

Number of Counties: 102

Number of Counties without home health agencies: 41

Total number of home health agencies: 110

Types: WNA: 23; Official 35; Private non-profit 30;

Proprietary 1; Hospital-based 14; other 7.

Number of agencies offering:

Home health aides: 78; P.T. 93; O.T. 46; Speech 57.

Number of agencies refusing Medicaid patients: Not known.

Number of agreements with RN's where no agency: 8 in 5 counties.

4. Administration

Method of reimbursement: Usual and customary

Payment per visit: Nursing not avail.; Aides not avail.; Therapy .

Fiscal agent: Health Care Service Corporation (Blue Cross)

5. Utilization:

	1974	1975	1976
No. of Patients Served	4,660	5009	4141
Expenditures	\$1,123,514	\$1,310,967	\$1,561,402
Avg. Case Cost	\$ 241	\$ 262	\$ 377
Home Health as a % of Total Medical			
Vendor Payments	.2%	.19%	.21%

State: Indiana

Date: July 1978

1. Characteristics of Services:

Program Restrictions - None.

Optional Services Provided - P.T., O.T., Speech and Hearing

2. Target Population [Groups Served]

Categorically needy and Buy-in

3. Provider Supply

Number of Counties: 92

Number of Counties without home health agencies: 61

Total number of home health agencies: 44

Types: WNA: 15; Official 9; Private non-profit 6;

Proprietary 10; Hospital-based 3; other 1.

Number of agencies offering:

Home health aides: 37; P.T. 27; O.T. 10; Speech 13.

Number of agencies refusing Medicaid patients: 0.

Number of agreements with RN's where no agency: 19 in 17 counties

4. Administration

Method of reimbursement: Cost based

Payment per visit: Nursing \$8-27.00; Aides \$4-7.52; Therapy \$8-42.00.
(per hour)

Fiscal agent: Blue Cross/Blue Shield of Indiana

5. Utilization:

	1974	1975	1976
No. of Patients Served	2007	2046	1586
Expenditures	\$650,536	\$804,890	\$724,402
Avg. Case Cost	\$ 324	\$ 393	\$ 457
Home Health as a % of Total Medical			
Vendor Payments	. .5%	.47%	.35%

State: Iowa

Date: July 1978

1. Characteristics of Services:

Program Restrictions - None

Optional Services Provided - P.T., O.T., and Speech

2. Target Population [Groups Served]

Categorically needy and Buy-in.

3. Provider Supply

Number of Counties: 99

Number of Counties without home health agencies: 27, but 5 counties are in the process of getting agencies.

Total number of home health agencies: 84

Types: WNA: 12; Official 67; Private non-profit 0;

Proprietary 0; Hospital-based 3; other 2.

Number of agencies offering:

Home health aides: 79; P.T. 35; O.T. 6; Speech 18.

Number of agencies refusing Medicaid patients: None.

Number of agreements with RN's where no agency: None.

4. Administration

Method of reimbursement: Lower of cost or charges.

Payment per visit: Nursing 100% of lower Aide; Therapy .

Fiscal agent: Blue Cross/Blue Shield

5. Utilization:

	1974	1975	1976
No. of Patients Served	155	262	265
Expenditures	\$17,657	\$33,669	\$29,059
Avg. Case Cost	\$113	\$128	\$109
Home Health as a % of Total Medical			
Vendor Payments	.03%	.04%	.02%

State: Kansas

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound, prior authorization

Optional Services Provided - P.T., O.T., and Speech

2. Target Population [Groups Served]

Categorically and Medically needy; Buy-in Part B

3. Provider Supply

Number of Counties: 105

Number of Counties without home health agencies: 58

Total number of home health agencies: 42

Types: VNA: 2; Official 30; Private non-profit, 3;

Proprietary 0; Hospital-based 5; other 2.

Number of agencies offering:

Home health aides: 32; P.T. 28; O.T. 7; Speech 20.

Number of agencies refusing Medicaid patients: not known.

Number of agreements with RN's where no agency: none.

4. Administration

Method of reimbursement: Schedule of maximum allowances

Payment per visit: Nursing \$25.00; Aide \$7.00/hr; Therapy \$25.00.

Fiscal agent: Kansas Hospital Service Association Incorporated (Blue Cross)
and Kansas Blue Shield

5. Utilization:

	1974	1975	1976
No. of Patients Served	298	284	344
Expenditures	\$47,465	\$53,749	\$63,658
Avg. Case Cost	\$ 159	\$ 188	\$ 155
Home Health as a % of Total Medical			
Vendor Payments	.06%	.05%	.05%

State: Kentucky

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound. No other limitations.

Optional Services Provided - P.T., O.T., and Speech.

2. Target Population [Groups Served]

Categorically and medically needy; Buy-in, Part B.

3. Provider Supply

Number of Counties: 120

Number of Counties without home health agencies: 3 and part of a 4th.

Total number of home health agencies: 55

Types: WNA: 1; Official 27; Private non-profit 1;

Proprietary 3; Hospital-based 18; other 5.

Number of agencies offering:

Home health aides: 53; P.T. 39; O.T. 5; Speech 15.

Number of agencies refusing Medicaid patients: None.

Number of agreements with RN's where no agency: None.

4. Administration

Method of reimbursement: Usual and customary

Payment per visit: Nursing \$19.46-20.75; Aide \$20.75; Therapy \$20.75-22.57.

Fiscal agent: None. State processes own claims.

5. Utilization:

	1974	1975	1976
No. of Patients Served	2165	2304	3147
Expenditures	\$658,609	\$893,029	\$1,354,769
Avg. Case Cost	\$ 304	\$ 338	\$ 430
Home Health as a % of Total Medical			
Vendor Payments	.8%	.89%	.94%

State: Louisiana

Date: July 1978

1. Characteristics of Services:

Program Restrictions - 50 visits per year; Homebound

Optional Services Provided - None.

2. Target Population [Groups Served]

Categorically and Medically needy.

3. Provider Supply

Number of Counties: 64

Number of Counties without home health agencies: 19, but covered by other agencies.

Total number of home health agencies: 81

Types: WNA: 0; Official 43; Private non-profit 6;

Proprietary 28; Hospital-based 2; other 2.

Number of agencies offering:

Home health aides: 65; P.T. 29; O.T. 7; Speech 19.

Number of agencies refusing Medicaid patients: unknown.

Number of agreements with RN's where no agency: none.

4. Administration

Method of reimbursement: Lower of cost or charges

Payment per visit: Nursing \$10.58-34.43; Aide \$4.72/hr; Therapy up to \$29.87/visit.

Fiscal agent: Electronic Data Systems Federal Corp.

5. Utilization:

	1974	1975	1976
No. of Patients Served	677	727	1146
Expenditures	\$131,890	\$167,362	\$266,365
Avg. Case Cost	\$ 194	\$ 215	\$ 232
Home Health as a % of Total Medical			
Vendor Payments	. .1%	.12%	.14%

State: Maine

Date: July 1978

1. Characteristics of Services:

Program Restrictions - None

Optional Services Provided - P.T., O.T., Speech and Hearing

2. Target Population [Groups Served]

Categorically and Medically needy; Buy-in Part B.

3. Provider Supply

Number of Counties: 16

Number of Counties without home health agencies: none

Total number of home health agencies: 19

Types: VNA: 5; Official 2; Private non-profit 8;

Proprietary 0; Hospital-based 2; other 2.

Number of agencies offering:

Home health aides: 10; P.T. 19; O.T. 10; Speech 11.

Number of agencies refusing Medicaid patients: none.

Number of agreements with RN's where no agency: n/a.

4. Administration

Method of reimbursement: Lower of cost or charges

Payment per visit: Nursing \$14-28.00; Aide \$8-15/hr; Therapy \$12-30.

Fiscal agent: Blue Cross

5. Utilization:

	1974	1975	1976
No. of Patients Served	1214	1651	1426
Expenditures	\$409,456	\$453,383	\$533,660
Avg. Case Cost	\$ 337.28	\$ 274.61	\$ 374.24
Home Health as a % of Total Medical			
Vendor Payments	. .8%	.75%	.75%

State: Maryland

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound; after Jan. 1, 1979 State will require prior authorization for Home Health Aides & therapy after 60 days, & medical supplies in excess of \$100/mo.
Optional Services Provided - P.T. and O.T.

2. Target Population [Groups Served]

Categorically and Medically needy; Buy-in Part B

3. Provider Supply

Number of Counties: 23 plus Baltimore City
Number of Counties without home health agencies: 5 but local health dept. provides services

Total number of home health agencies: 26

Types: WNA: 1; Official 16; Private non-profit 4;

Proprietary 0; Hospital-based 4; other 1.

Number of agencies offering:

Home health aides: 24; P.T. 23; O.T. 9; Speech 13.

Number of agencies refusing Medicaid patients: 1.

Number of agreements with RN's where no agency: none.

4. Administration

Method of reimbursement: Cost based, but after 1/1/79 schedule of Max. Allowances

Payment per visit: Nursing \$25.00; Aide \$19.00; Therapy \$41.00.
upper limit upper limit upper limit

Fiscal agent: None, State processes own claims

5. Utilization:

	1974	1975	1976
No. of Patients Served	Est. 1939	1853	2088
Expenditures	\$345,188	\$313,810	\$442,022
Avg. Case Cost	\$ 126	\$ 169	\$ 211
Home Health as a % of Total Medical Vendor Payments	.2%	.2%	.19%

State: Massachusetts

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Visits based on Medical Necessity. Beginning in 1979 prior authorization will be required.

Optional Services Provided - P.T., O.T. and Speech

2. Target Population [Groups Served]

Categorically and Medically needy; Buy-in Part-B

3. Provider Supply

Number of Counties: 14

Number of Counties without home health agencies: 0

Total number of home health agencies: 150

Types: WNA: 92; Official 34; Private non-profit 5;

Proprietary 0; Hospital-based 16; other 3.

Number of agencies offering:

Home health aides: 142; P.T. 146; O.T. 75; Speech 100.

Number of agencies refusing Medicaid patients: 0.

Number of agreements with RN's where no agency: n/a.

4. Administration

Method of reimbursement: Lower of cost or charges with growth restrictions

Payment per visit: Nursing \$4-23.30; Aide \$3.50-7.50; Therapy \$9-44.00
per hour

Fiscal agent: Blue Cross/Blue Shield

5. Utilization:

	1974	1975	1976
No. of Patients Served	Est. 16,921	13,003	16,964
Expenditures	\$2,906,697	\$4,010,438	\$5,760,914
Avg. Case Cost	\$ 165	\$ 305	\$ 339
Home Health as a % of Total Medical			
Vendor Payments	. .6%	.8%	1.1%

State: Michigan

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Prior authorization for equipment only

Optional Services Provided - P.T. only

2. Target Population [Groups Served]

Categorically and Medically needy; Buy-in Part B

3. Provider Supply

Number of Counties: 83

Number of Counties without home health agencies: 1 - in process of certification.

Total number of home health agencies: 55

Types: WNA: 11; Official 31; Private non-profit 8;

Proprietary 0; Hospital-based 3; other 2.

Number of agencies offering:

Home health aides: 35; P.T. 47; O.T. 15; Speech 39.

Number of agencies refusing Medicaid patients: 0.

Number of agreements with RN's where no agency: 0.

4. Administration

Method of reimbursement: Cost based - same as Medicare

Payment per visit: Nursing \$; Aide \$; Therapy \$.

Fiscal agent: None - State processes own claims

5. Utilization:

	1974	1975	1976
No. of Patients Served	2433	2812	3031
Expenditures	\$498,446	\$659,974	\$810,634
Avg. Case Cost	\$ 204	\$ 359	\$ 267
Home Health as a % of Total Medical			
Vendor Payments	.09%	.11%	.12%

State: Minnesota

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound

Optional Services Provided - P.T., O.T., Speech and Hearing

2. Target Population [Groups Served]

Categorically and Medically needy; Buy-in Part B

3. Provider Supply

Number of Counties: 87

Number of Counties without home health agencies: 1

Total number of home health agencies: 70

Types: VNA: 0; Official 62; Private non-profit 2;

Proprietary 0; Hospital-based 4; other 2.

Number of agencies offering:

Home health aides: 66; P.T. 43; O.T. 17; Speech 16.

Number of agencies refusing Medicaid patients: none.

Number of agreements with RN's where no agency: none.

4. Administration

Method of reimbursement: Cost based - same as Medicare

Payment per visit: Nursing \$36.00; Aide \$19.00; Therapy \$36-60.00
upper limit

Fiscal agent: None. State processes claims.

5. Utilization:

	1974	1975	1976
No. of Patients Served	2498	2422	3120
Expenditures	\$150,271	\$279,618	\$1,184,052
Avg. Case Cost	\$ 60	\$ 111	\$ 378
Home Health as a % of Total Medical			
Vendor Payments	.07%	.1%	.37%

State: Mississippi

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound; total of 50 visits/year

Optional Services Provided - P.T. and Speech

2. Target Population [Groups Served]

Categorically and Medically needy.

3. Provider Supply

Number of Counties: 82

Number of Counties without home health agencies: 0

Total number of home health agencies: 112

Types: VNA: 0; Official 82; Private non-profit 18;

Proprietary 1; Hospital-based 8; other 3.

Number of agencies offering:

Home health aides: 110; P.T. 52; O.T. 17; Speech 18.

Number of agencies refusing Medicaid patients: 3.

Number of agreements with RN's where no agency: none.

4. Administration

Method of reimbursement: Cost Based - same as Medicare

Payment per visit: Nursing _____; Aide _____; Therapy _____.

Fiscal agent: Blue Cross/Blue Shield of Mississippi, Inc.

5. Utilization:

	1974	1975	1976
No. of Patients Served	773	728	1,098
Expenditures	\$93,709	\$121,885	\$169,515
Avg. Case Cost	\$ 121	\$ 167	\$ 155
Home Health as a % of Total Medical			
Vendor Payments	.12%	.13%	.15%

State: Missouri

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound; prior authorization; total of 24 visits in 90 days.

Optional Services Provided - None

2. Target Population [Groups Served]

Categorically needy and Part B Buy-in

3. Provider Supply

Number of Counties: 114

Number of Counties without home health agencies: 6

Total number of home health agencies: 42

Types: WNA: 4; Official 16; Private non-profit 7;

Proprietary 0; Hospital-based 9; other 6.

Number of agencies offering:

Home health aides: 41; P.T. 30; O.T. 18; Speech 22.

Number of agencies refusing Medicaid patients: none.

Number of agreements with RN's where no agency: none, but provisions exist.

4. Administration

Method of reimbursement: Cost based - same as Medicare

Payment per visit: Nursing _____; Aide _____; Therapy _____.

Fiscal agent: None - State processes bills after cost reports are submitted by Medicare carriers.

5. Utilization:

	1974	1975	1976
No. of Patients Served	368	610	1044
Expenditures	\$19,470	\$41,781	\$94,368
Avg. Case Cost	\$ 52	\$ 68	\$ 90
Home Health as a % of Total Medical			
Vendor Payments	. .03%	.04%	.08%

State: Montana

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Prior authorization for P.T., O.T. & Speech,
maximum of 200 visits per year

Optional Services Provided - P.T., O.T. and Speech

2. Target Population [Groups Served]

Categorically and Medically needy; Buy-in for Part B

3. Provider Supply

Number of Counties: 56

Number of Counties without home health agencies: 30

Total number of home health agencies: 15

Types: WNA: 0; Official 6; Private non-profit 3;

Proprietary 0; Hospital-based 5; other 1.

Number of agencies offering:

Home health aides: 15; P.T. 12; O.T. 5; Speech 11.

Number of agencies refusing Medicaid patients: 0.

Number of agreements with RN's where no agency: 3 in 3 counties

4. Administration

Method of reimbursement: Contract; payment rate for therapist Medicare, others same.

Payment per visit: Nursing \$11.46-28.00, Aide \$6.12-23.00, Therapy \$8-19.50.

Fiscal agent: Dikewood Corporation

5. Utilization:

	1974	1975	1976
No. of Patients Served	263	331	358
Expenditures	\$ 50,483	\$80,561	\$115,041
Avg. Case Cost	\$ 192	\$ 240	\$ 321
Home Health as a % of Total Medical			
Vendor Payments	.25%	.28%	.37%

State: Nebraska

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound; Prior authorization

Optional Services Provided - P.T., O.T., Speech Hearing

2. Target Population [Groups Served]

Categorically and Medically needy; Buy-in for Part B

3. Provider Supply

Number of Counties: 93

Number of Counties without home health agencies: 34, Sixteen counties have agencies that serve 43 additional cnties.

Total number of home health agencies: 17

Types: VNA: 1; Official 1; Private non-profit 0;

Proprietary 0; Hospital-based 14; other 1.

Number of agencies offering:

Home health aides: 12; P.T. 17; O.T. 5; Speech 16.

Number of agencies refusing Medicaid patients: not known.

Number of agreements with RN's where no agency: 10 in 34 counties.

4. Administration

Method of reimbursement: Cost based - same as Medicare

Payment per visit: Nursing \$19.80; Aide \$12.80; Therapy \$19.21-26.87.
avg. avg.

Fiscal agent: None. State processes claims

5. Utilization:

	1974	1975	1976
No. of Patients Served	90	66	406
Expenditures	\$19,966	\$8,171	\$88,024
Avg. Case Cost	\$ 221	\$ 123	\$ 214
Home Health as a % of Total Medical			
Vendor Payments	.04%	.02%	.15%

State: NevadaDate: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound and prior authorization

Optional Services Provided - P.T., O.T., Speech and Hearing

2. Target Population [Groups Served]

Categorically needy; Buy-in Part B

3. Provider Supply

Number of Counties: 17

Number of Counties without home health agencies: 13, but all have personal care service aides.

Total number of home health agencies: 6Types: VNA: 0; Official 2; Private non-profit 1;Proprietary 2; Hospital-based 0; other 1.

Number of agencies offering:

Home health aides: 5; P.T. 5; O.T. 1; Speech 3.Number of agencies refusing Medicaid patients: 0.Number of agreements with RN's where no agency: in counties w/o agencies to supervise aides.

4. Administration

Method of reimbursement: Cost based - same as Medicare

Payment per visit: Nursing \$27.13; Aide \$7.35/hr; Therapy \$9.35/unit

Fiscal agent: Nevada Blue Shield

5. Utilization:

	1974	1975	1976
No. of Patients Served	84	111	139
Expenditures	\$38,966	\$74,438	\$105,964
Avg. Case Cost	\$ 463	\$ 670	\$ 764
Home Health as a % of Total Medical			
Vendor Payments	.31%	.46%	.47%

State: New Hampshire

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Prior authorization for some services, visits limited in some cases.

Optional Services Provided - P.T., O.T. and Speech

2. Target Population [Groups Served]

Categorically and Medically Needy; Buy-in for Part B.

3. Provider Supply

Number of Counties: 10

Number of Counties without home health agencies: none

Total number of home health agencies: 43

Types: WNA: 39; Official 2; Private non-profit 1;

Proprietary 0; Hospital-based 0; other 1.

Number of agencies offering:

Home health aides: 30; P.T. 39; O.T. 15; Speech 9.

Number of agencies refusing Medicaid patients: none.

Number of agreements with RN's where no agency: n/a.

4. Administration

Method of reimbursement: Lower of cost or charges, same as Title XVIII

Payment per visit: Nursing \$8-24.50; Aide \$6.41-10.90; Therapy \$10-24.00/hr.
per hour

Fiscal agent: None. State processes own claims.

5. Utilization:

	1974	1975	1976
No. of Patients Served	est. 982	1511	1687
Expenditures	\$215,176	\$269,914	\$314,050
Avg. Case Cost	\$ 219	\$ 179	\$ 186
Home Health as a % of Total Medical			
Vendor Payments	. 1%	1%	1%

State: New Mexico

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound; prior authorization PSRO approve all visits beyond first.

Optional Services Provided - P.T., O.T. and Speech

2. Target Population [Groups Served]

Categorically needy and Part B Buy-in

3. Provider Supply

Number of Counties: 32

Number of Counties without home health agencies: 10

Total number of home health agencies: 12

Types: WNA: 3; Official 1; Private non-profit 1;

Proprietary 5; Hospital-based 1; other 1.

Number of agencies offering:

Home health aides: 10; P.T. 9; O.T. 5; Speech 4.

Number of agencies refusing Medicaid patients: none.

Number of agreements with RN's where no agency: none.

4. Administration

Method of reimbursement: Cost based - same as Title XVIII

Payment per visit: Nursing \$16.45-43.00; Aide \$4.50-14.00; Therapy \$12-37.50.
per hour

Fiscal agent: Categorically needy and Part B Buy-in

5. Utilization:

	1974	1975	1976
No. of Patients Served	168	224	330
Expenditures	\$25,744	\$40,263	\$77,359
Avg. Case Cost	\$ 153	\$ 180	\$ 234
Home Health as a % of Total Medical			
Vendor Payments	. 1%	. 1%	. 2%

State: New Jersey

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Prior authorization; Homebound; visits determined by medical necessity

Optional Services Provided - P.T., O.T. and Speech

2. Target Population [Groups Served]

Categorically needy and Buy-in Part B.

3. Provider Supply

Number of Counties: 21

Number of Counties without home health agencies: 0

Total number of home health agencies: 44

Types: VNA: 19; Official 15; Private non-profit 1;

Proprietary 0; Hospital-based 8; other 1.

Number of agencies offering:

Home health aides: 43; P.T. 44; O.T. 18; Speech 39.

Number of agencies refusing Medicaid patients: none.

Number of agreements with RN's where no agency: n/a.

4. Administration

Method of reimbursement: Cost based - same as Medicare

Payment per visit: Nursing same as Title XVIII; Aide same as Title XVIII; Therapy same as Title XVIII.

Fiscal agent: Prudential Insurance Co. of America

5. Utilization:

	1974	1975	1976
No. of Patients Served	1920	2184	2861
Expenditures	\$494,581	\$684,179	\$1,060,581
Avg. Case Cost	\$ 258	\$ 313	\$ 370
Home Health as a % of Total Medical			
Vendor Payments	. .2%	.2%	.3%

State: New York

Date: July 1978

1. Characteristics of Services:

Program Restrictions - None

Optional Services Provided - P.T., O.T., Speech and Hearing

2. Target Population [Groups Served]

Categorically and Medically needy only.

3. Provider Supply

Number of Counties: 58 plus 5 in NYC

Number of Counties without home health agencies: 2 until 8/78

Total number of home health agencies: 117

Types: VNA: 15; Official 53; Private non-profit 2;

Proprietary 0; Hospital-based 43; other 4.

Number of agencies offering:

Home health aides: 114; P.T. 111; O.T. 51; Speech 77.

Number of agencies refusing Medicaid patients: none.

Number of agreements with RN's where no agency: none.

4. Administration

Method of reimbursement:

Payment per visit: Nursing _____; Aide _____; Therapy _____.

Fiscal agent: For NYC only - Bradford National Corporation. The State processes all other claims elsewhere.

5. Utilization:

	1974	1975	1976
No. of Patients Served	est. 31,713	est. 78,464	est. 165,172
Expenditures	\$16,493,890	\$48,563,088	\$106,828,324
Avg. Case Cost	\$ 520	\$ 619	\$ 647
Home Health as a % of Total Medical			
Vendor Payments	. 7%	1.6%	3.2%

State: North Carolina

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound; prior authorization

Optional Services Provided - P.T., O.T., Speech and Hearing

2. Target Population [Groups Served]

Categorically and Medically needy; Buy-in for Part B

3. Provider Supply

Number of Counties: 100

Number of Counties without home health agencies: 7

Total number of home health agencies: 72

Types: WNA: 2; Official 48; Private non-profit 8;

Proprietary 4; Hospital-based 7; other 3.

Number of agencies offering:

Home health aides: 62; P.T. 53; O.T. 5; Speech 19.

Number of agencies refusing Medicaid patients: none.

Number of agreements with RN's where no agency: none.

4. Administration

Method of reimbursement: Cost based - same as Medicare

Payment per visit: Nursing _____; Aide _____; Therapy _____.

Fiscal agent: Electronic Data Systems Federal Corporation

5. Utilization:

	1974	1975	1976
No. of Patients Served	est 1000	1370	1688
Expenditures	\$265,770	\$401,450	\$495,167
Avg. Case Cost	\$ 265	\$ 293	\$ 293
Home Health as a % of Total Medical			
Vendor Payments	. .2%	.3%	.3%

State: North Dakota

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Prior authorization

Optional Services Provided - P.T.

2. Target Population [Groups Served]

Categorically and Medically needy; Buy-in Part B

3. Provider Supply

Number of Counties: 53

Number of Counties without home health agencies: 44

Total number of home health agencies: 9

Types: WNA: 0; Official 6; Private non-profit 0;

Proprietary 0; Hospital-based 3.

Number of agencies offering:

Home health aides: 9; P.T. 5; O.T. 2; Speech 4.

Number of agencies refusing Medicaid patients: none.

Number of agreements with RN's where no agency: none.

4. Administration

Method of reimbursement: Cost based - same as Title XVIII

Payment per visit: Nursing \$9.50-30.00; Aide \$4.20/hr; Therapy \$9.50-30.00.

Fiscal agent: State processes claims except for Part B Buy-in, which are processed by Blue Cross/Blue Shield of North Dakota.

5. Utilization:

	1974	1975	1976
No. of Patients Served	68	75	77
Expenditures	\$9,498	\$16,746	\$19,932
Avg. Case Cost	\$ 139	\$ 223	\$ 259
Home Health as a % of Total Medical			
Vendor Payments	.1%	.1%	.1%

State: OhioDate: July 1978

1. Characteristics of Services:

Program Restrictions - P.T. visits limited to 2/mo., but may be approved up to 48/yr

Optional Services Provided - P.T., O.T and Speech

2. Target Population [Groups Served]

Categorically needy and Buy-in Part B

3. Provider Supply

Number of Counties: 88

Number of Counties without home health agencies: 5

Total number of home health agencies: 106Types: VNA: 20; Official 61; Private non-profit 4;Proprietary 0; Hospital-based 15; other 6.

Number of agencies offering:

Home health aides: 73; P.T. 94; O.T. 25; Speech 57.Number of agencies refusing Medicaid patients: unknown.Number of agreements with RN's where no agency: 119 incl. LPN.

4. Administration

Method of reimbursement: Usual and Customary with \$20.00 ceiling

Payment per visit: Nursing up to \$20; Aide up to \$20; Therapy .

Fiscal agent: none, State processes own claims

5. Utilization:

	1974	1975	1976
No. of Patients Served	4,048	3,551	3,985
Expenditures	\$361,345	\$607,138	\$712,008
Avg. Case Cost	\$ 89	\$ 171	\$ 179
Home Health as a % of Total Medical			
Vendor Payments	. .1%	. .2%	. .2%

State: Oklahoma

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Personal Care services are offered in lieu of home health.

Optional Services Provided - none

2. Target Population [Groups Served]

3. Provider Supply

Number of Counties: 77

Number of Counties without home health agencies: 26

Total number of home health agencies: 60

Types: WNA: 1; Official 52; Private non-profit 3;

Proprietary 0; Hospital-based 2; other 2.

Number of agencies offering:

Home health aides: 42; P.T. 23; O.T. 25; Speech 19.

Number of agencies refusing Medicaid patients: .

Number of agreements with RN's where no agency: 12.

4. Administration

Method of reimbursement:

Payment per visit: Nursing \$5.00; Aide 0; Therapy 0.

Fiscal agent: State processes claims

5. Utilization:

	1974	1975	1976
No. of Patients Served	4	3	0
Expenditures	\$47	\$40	0
Avg. Case Cost	\$12	\$13	0
Home Health as a % of Total Medical			
Vendor Payments	0	0	0

State: Oregon

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Prior authorization

Optional Services Provided - P.T.

2. Target Population [Groups Served]

Categorically needy only

3. Provider Supply

Number of Counties: 36

Number of Counties without home health agencies: 7

Total number of home health agencies: 24

Types: VNA: 1; Official 14; Private non-profit 2;

Proprietary 0; Hospital-based 6; other 1.

Number of agencies offering:

Home health aides: 13; P.T. 23; O.T. 9; Speech 13.

Number of agencies refusing Medicaid patients: none.

Number of agreements with RN's where no agency: not known.

4. Administration

Method of reimbursement: Negotiated rate

Payment per visit: Nursing \$13.50-45.00; Aide \$20-44.00; Therapy \$12-45.00

Fiscal agent: State processes claims

5. Utilization:

	1974	1975	1976
No. of Patients Served	<u>7</u>	<u>552</u>	<u>542</u>
Expenditures	<u>\$725</u>	<u>\$116,517</u>	<u>\$114,808</u>
Avg. Case Cost	<u>\$104</u>	<u>\$ 211</u>	<u>\$ 212</u>
Home Health as a % of Total Medical			
Vendor Payments	<u>0</u>	<u>.2%</u>	<u>.1%</u>

State: Pennsylvania

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Post Hospital services; homebound; 12 visits per month over a 180 day period.

Optional Services Provided - Agency is expected to provide needed services, (P.T., O.T., Speech and Hearing) at flat \$5 or \$10 payment.

2. Target Population [Groups Served]

Categorically and Medically needy; Part B Buy-in.

3. Provider Supply

Number of Counties: 67

Number of Counties without home health agencies: Health centers provide service where no agency exists.

Total number of home health agencies: 112

Types: WNA: 57; Official 10; Private non-profit 10;

Proprietary 0; Hospital-based 28; other 7.

Number of agencies offering:

Home health aides: 92; P.T. 102; O.T. 44; Speech 70.

Number of agencies refusing Medicaid patients: not available.

Number of agreements with RN's where no agency none.

4. Administration

Method of reimbursement: Fee schedule

Payment per visit: Nursing \$10 to VNA; Aide same; Therapy same.
\$5 to Hosp. based

Fiscal agent:

5. Utilization:

	1974	1975	1976
No. of Patients Served	est. visit 42,700	est. visit 50,131	9,913
Expenditures	\$1,603,900	\$1,700,200	\$2,226,511
Avg. Case Cost	---	---	\$ 229
Home Health as a % of Total Medical			
Vendor Payments	.4%	.2%	.3%

State: Rhode Island

Date: June 1978

1. Characteristics of Services:

Program Restrictions - Prior authorization for visits in excess of 8 per month with a maximum of 15.

Optional Services Provided - P.T., O.T. and Speech

2. Target Population [Groups Served]

Categorically and Medically needy; Part B Buy-in

3. Provider Supply

Number of Counties: 0

Number of Counties without home health agencies: n/a

Total number of home health agencies: 14

Types: VNA: 9; Official 0; Private non-profit 1;

Proprietary 0; Hospital-based 3; other 1.

Number of agencies offering:

Home health aides: 13; P.T. 14; O.T. 5; Speech 7.

Number of agencies refusing Medicaid patients: none.

Number of agreements with RN's where no agency: none.

4. Administration

Method of reimbursement: Fee schedule less that cost.

Payment per visit: Nursing \$12.00; Aide \$12.00; Therapy \$12.00.

Medicare pays \$20.42 \$ 9.46 \$15.23-20.14

Fiscal agent: State processes claims.

5. Utilization:

	1974	1975	1976
No. of Patients Served	est. 1,360	est. 1,270	est. 1,096
Expenditures	\$147,564	\$211,380	\$214,910
Avg. Case Cost	\$ 109	\$ 166	\$ 196
Home Health as a			
% of Total Medical			
Vendor Payments	. .2%	.3%	.2%

State: South Carolina

Date: July 1978

1. Characteristics of Services:

Program Restrictions - None, except 100 visits per year

Optional Services Provided - P.T., O.T. and Speech

2. Target Population [Groups Served]

Categorically needy and Part B Buy-in.

3. Provider Supply

Number of Counties: 46

Number of Counties without home health agencies: 0

Total number of home health agencies: 23

Types: VNA: 0; Official 19; Private non-profit 3;

Proprietary 0; Hospital-based 0; other 1.

Number of agencies offering:

Home health aides: 16; P.T. 18; O.T. 10; Speech 16.

Number of agencies refusing Medicaid patients: none known.

Number of agreements with RN's where no agency: none.

4. Administration

Method of reimbursement: lower of cost or charges, same as Medicare

Payment per visit: Nursing \$31.50; Aide \$21.00; Therapy \$31.50.

Fiscal agent: Blue Cross/Blue Shield of South Carolina

5. Utilization:

	1974	1975	1976
No. of Patients Served	1160	1590	2086
Expenditures	\$245,763	\$462,220	\$611,421
Avg. Case Cost	\$ 211	\$ 291	\$ 293
Home Health as a % of Total Medical			
Vendor Payments	.5%	.6%	.6%

State: South Dakota

Date: July 1978

1. Characteristics of Services:

Program Restrictions - 100 visits

Optional Services Provided - P.T., O.T. and Speech

2. Target Population [Groups Served]

Categorically needy and Part B Buy-in

3. Provider Supply

Number of Counties: 67

Number of Counties without home health agencies: 42

Total number of home health agencies: 31

Types: VNA: 1; Official 27; Private non-profit 0;

Proprietary 0; Hospital-based 3; other 0.

Number of agencies offering:

Home health aides: 28; P.T. 7; O.T. 0; Speech 1.

Number of agencies refusing Medicaid patients: None.

Number of agreements with RN's where no agency: None.

4. Administration

Method of reimbursement: Cost based; billed charges

Payment per visit: Nursing not avail.; Aide not avail.; Therapy not avail.

Fiscal agent: Associated Hospital Services (Blue Cross)

5. Utilization:

	1974	1975	1976
No. of Patients Served	est. 59	77	187
Expenditures	\$8,144	\$8,916	\$9,983
Avg. Case Cost	\$ 138	\$ 116	\$ 53
Home Health as a % of Total Medical			
Vendor Payments	.1%	0	0

State: Tennessee

Date: July 1978

1. Characteristics of Services:

Program Restrictions - 60 visits, but with prior authorization number may be increased.

Optional Services Provided - P.T. and O.T. - Buy-in group receives speech and hearing services as deductible.

2. Target Population [Groups Served]

Categorically and Medically needy; Part B buy-in

3. Provider Supply

Number of Counties: 95

Number of Counties without home health agencies: 1

Total number of home health agencies: 131

Types: VNA: 2; Official 100; Private non-profit 17;

Proprietary 8; Hospital-based 1; other 3.

Number of agencies offering:

Home health aides: 99; P.T. 103; O.T. 86; Speech 40.

Number of agencies refusing Medicaid patients: 2.

Number of agreements with RN's where no agency: none.

4. Administration

Method of reimbursement: Lower of Cost or Charges - same as Medicare

Payment per visit: Nursing _____; Aide _____; Therapy _____.

Fiscal agent: Electronic Data Systems Federal Corporation

5. Utilization:

	1974	1975	1976
No. of Patients Served	1,129	1,362	1,498
Expenditures	\$172,418	\$205,748	\$262,795
Avg. Case Cost	\$ 153	\$ 151	\$ 175
Home Health as a % of Total Medical			
Vendor Payments	.2%	.2%	.2%

State: Texas

Date: July 1978

1. Characteristics of Services:

Program Restrictions - All home health services require prior authorization by health insuring agent. Aggregate of 50 visits a year. Homebound definition same as Title XVIII's.

Optional Services Provided -

None, except to buy-in group who receive Medicare therapies.

2. Target Population [Groups Served]

Categorically needy and Part B buy-in.

3. Provider Supply

Number of Counties: 254

Number of Counties without home health agencies: all counties served

Total number of home health agencies: 81

Types: VNA: 9; Official 10; Private non-profit 55;

Proprietary 0; Hospital-based 4; other 3.

Number of agencies offering:

Home health aides: 72; P.T. 59; O.T. 14; Speech 37.

Number of agencies refusing Medicaid patients: none known.

Number of agreements with RN's where no agency: none.

4. Administration

Method of reimbursement: Cost based; same as Medicare

Payment per visit: Nursing _____; Aide _____; Therapy _____.

Fiscal agent: National Health Insurance Company for home health, etc., and Blue Shield for Buy-In, Part B.

5. Utilization:

	1974	1975	1976
No. of Patients Served	425	974	1266
Expenditures	\$30,771	\$105,914	\$250,579
Avg. Case Cost	\$ 72	\$ 109	\$ 198
Home Health as a % of Total Medical Vendor Payments	0	0	0

State: Utah

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound; for supplies costing more than \$100.00 prior approval is required.

Optional Services Provided - P.T., O.T., Speech and Hearing

2. Target Population [Groups Served]

Categorically and Medically needy; Buy-in group (Part B)

3. Provider Supply

Number of Counties: 29

Number of Counties without home health agencies: 15

Total number of home health agencies: 9

Types: WNA: 1; Official 6; Private non-profit 0;

Proprietary 0; Hospital-based 2.

Number of agencies offering:

Home health aides: 6; P.T. 8; O.T. 2; Speech 3.

Number of agencies refusing Medicaid patients: .

Number of agreements with RN's where no agency: None - PH Depts. provide some services

4. Administration

Method of reimbursement: Contract

Payment per visit: Nursing \$14.00; Aide \$8.00; Therapy \$18-25.00

Fiscal agent: State processes claims

5. Utilization:

	1974	1975	1976	1977
No. of Patients Served	1890	451	187	215
Expenditures	\$48,289.	\$43,517	\$56,260	\$95,438
Avg. Case Cost	\$ 25	\$ 196	\$ 298	\$ 444
Home Health as a % of Total Medical				
Vendor Payments	.2%	.1%	.2%	

State: Vermont

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound

Optional Services Provided - P.T., O.T., Speech and Audiology with prior authorization

2. Target Population [Groups Served]

Categorically and Medically needy and Part B Buy-in

3. Provider Supply

Number of Counties: 14

Number of Counties without home health agencies: 0

Total number of home health agencies: 19

Types: VNA: 14; Official 3; Private non-profit 1;

Proprietary 0; Hospital-based 0; other 1.

Number of agencies offering:

Home health aides: 17; P.T. 17; O.T. 7; Speech 11.

Number of agencies refusing Medicaid patients: 0.

Number of agreements with RN's where no agency: n/a.

4. Administration

Method of reimbursement: Usual and customary charges.

Payment per visit: Nursing _____; Aide _____; Therapy _____.

Fiscal agent: New Hampshire-Vermont Hospitalization Services
(Blue Cross/Blue Shield)

5. Utilization:

	1974	1975	1976
No. of Patients Served	759	988	1341
Expenditures	\$147,564	\$232,127	\$395,136
Avg. Case Cost	\$ 194	\$ 234	\$ 294
Home Health as a % of Total Medical			
Vendor Payments	. .6%	.7%	1.1%

State: Virginia

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound

Optional Services Provided - P.T., O.T., and Speech

2. Target Population [Groups Served]

Categorically and Medically needy and Part B Buy-in

3. Provider Supply

Number of Counties: 95

Number of Counties without home health agencies: none

Total number of home health agencies: 46

Types: VNA: 4; Official 42; Private non-profit 0;

Proprietary 0; Hospital-based 0.

Number of agencies offering:

Home health aides: 42; P.T. 32; O.T. 11; Speech 19.

Number of agencies refusing Medicaid patients: none known.

Number of agreements with RN's where no agency: none.

4. Administration

Method of reimbursement: Lower of cost or charges

Payment per visit: Nursing \$32.00; Aide \$27.00; Therapy \$28-31.00

Fiscal agent: The Computer Company (T.C.C.)

5. Utilization:

	1974	1975	1976
No. of Patients Served	1275	1251	1337
Expenditures	\$384,675	\$556,278	\$631,766
Avg. Case Cost	\$ 302	\$ 444	\$ 473
Home Health as a % of Total Medical			
Vendor Payments	.3%	.4%	.4%

State: Washington

Date: July

1. Characteristics of Services:

Program Restrictions - None, except when total monthly costs exceed \$350 prior authorization is required.

Optional Services Provided - P.T., O.T. and Speech

2. Target Population [Groups Served]

Categorically and Medically needy; Part B Buy-in

3. Provider Supply

Number of Counties: 39

Number of Counties without home health agencies: 10

Total number of home health agencies: 26

Types: WNA: 4; Official 10; Private non-profit 7;

Proprietary 0; Hospital-based 5.

Number of agencies offering:

Home health aides: 19; P.T. 24; O.T. 16; Speech 20.

Number of agencies refusing Medicaid patients: one.

Number of agreements with RN's where no agency: none.

4. Administration

Method of reimbursement: Schedule of maximum allowances

Payment per visit: Nursing \$32.90; Aide \$9.10/hr.; Therapy \$32.90.
Max. Max. Max.

Fiscal agent: State Processes claims

5. Utilization:

	1974	1975	1976
No. of Patients Served	1060	1460	est. 1527
Expenditures	\$198,566	\$1,005,160	\$1,145,301
Avg. Case Cost	\$ 187	\$ 688	\$ 750
Home Health as a % of Total Medical			
Vendor Payments	.2%	.6%	.6%

State: West Virginia

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound; prior authorization

Optional Services Provided - P.T., O.T., Speech and Hearing

2. Target Population [Groups Served]

Categorically and Medically needy; part B Buy-In.

3. Provider Supply

Number of Counties: 55

Number of Counties without home health agencies: 26

Total number of home health agencies: 21

Types: VNA: 4; Official 11; Private non-profit 5;

Proprietary 0; Hospital-based 1.

Number of agencies offering:

Home health aides: 19; P.T. 11; O.T. 2; Speech 8.

Number of agencies refusing Medicaid patients: none known.

Number of agreements with RN's where no agency: none.

4. Administration

Method of reimbursement: Cost based - same as Medicare

Payment per visit: Nursing \$14-45; Aide \$10.50-32; Therapy \$14.40-40.00.

Fiscal agent: State processes claims

5. Utilization:

	1974	1975	1976
No. of Patients Served	146	109	177
Expenditures	\$17,402	\$29,380	\$73,323
Avg. Case Cost	\$ 119	\$ 270	\$ 414
Home Health as a % of Total Medical Vendor Payments	. 1%	. 1%	. 1%

State: Wisconsin

Date: July 1978

1. Characteristics of Services:

Program Restrictions - for equipment costing more than \$75.00, prior authorization is required.

Optional Services Provided - P.T., O.T. and Speech

2. Target Population [Groups Served]

Categorically and Medically needy and Part B Buy-in

3. Provider Supply

Number of Counties: 72

Number of Counties without home health agencies: 6

Total number of home health agencies: 79

Types: VNA: 13; Official 57; Private non-profit 0;

Proprietary 1; Hospital-based 4; other 4.

Number of agencies offering:

Home health aides: 73; P.T. 53; O.T. 22; Speech 23.

Number of agencies refusing Medicaid patients: none known.

Number of agreements with RN's where no agency: county PHN provide limited care where no agency.

4. Administration

Method of reimbursement: usual and customary

Payment per visit: Nursing \$14-40.00; Aide \$4.50-35.00 Therapy \$10-35.

Fiscal agent: Electronoc Data Systems

5. Utilization:

	1974	1975	1976
No. of Patients Served	2243	2946	3477
Expenditures	\$456,675	\$627,331	\$733,102
Avg. Case Cost	\$ 203	\$ 212	\$ 210
Home Health as a % of Total Medical			
Vendor Payments	.2%	.2%	.2%

State: Wyoming

Date: July 1978

1. Characteristics of Services:

Program Restrictions - Homebound. Supplies limited to those available through a home health agency.

Optional Services Provided - none.

2. Target Population [Groups Served]

Categorically needy only.

3. Provider Supply

Number of Counties: 23

Number of Counties without home health agencies: 13

Total number of home health agencies: 14

Types: WNA: 0; Official 13; Private non-profit 0;

Proprietary 0; Hospital-based 1.

Number of agencies offering:

Home health aides: 13; P.T. 3; O.T. 1; Speech 2.

Number of agencies refusing Medicaid patients: none known.

Number of agreements with RN's where no agency: none.

4. Administration

Method of reimbursement: Lower of cost or charges

Payment per visit: Nursing \$30.10; Aide \$10.45/hr; Therapy _____.

Fiscal agent: State processes own claims.

5. Utilization:

	1974	1975	1976
No. of Patients Served	---	6	2 est.
Expenditures		\$1080	\$444
Avg. Case Cost		\$ 180	\$222
Home Health as a			
% of Total Medical			
Vendor Payments		0%	0%

PERSONAL CARE SERVICES

Personal Care Services

1. Characteristics of Services Service is provided to aged. Since there are very few nursing homes in Washington, D.C., alternatives to institutionalization are essential. Persons who do not require home health services may have a personal care aide for several hours per day or week. No formal training provided, but some o.j.t..

2. Target Population

Aged persons who can remain at home.

3. Provider Supply	1975	1976	1977
Number of aides	555	700	482
Number of counties w/ aides	n/a	n/a	n/a

4. Administration

Reimbursement Monthly rates based upon level of care that aide provides: minimal care \$50.00.
 Maximum payment to any aide \$200.00 per month for intensive care.

Fringe benefits None

5. Utilization Data	1975	1976	1977
Number of Patients	820	506	410
Total Costs	?	\$1,338,280	\$976,361
Average Case Cost		\$ 2,644	\$ 2,381

Personal Care Services

1. Characteristics of Services This program is limited at present (6/78) to the Boston and Worcester area where persons live in a group setting for rehabilitation. When they leave the group-living Title XX pays for their attendant.

2. Target Population Severly disabled persons between the ages of 18 and 65.

3. Provider Supply	1975	1976	1977
Number of aides	one agency	79	two agencies
Number of counties w/ aides	?	?	6

4. Administration

Reimbursement This is a vendorized program and the aides are employees of the rehabilitation agency. The aides are paid \$3.00/hr.

Fringe benefits Provided by employing agency.

5. Utilization Data	1975	1976	1977
Number of Patients	-	31	90
Total Costs	-	-	not known
Average Case Cost	-	-	" "

Personal Care Services

1. Characteristics of Services

The program began as part of a college health service. All aides and patients were students and supervision was provided by the college health service. It has now (June 1978) expanded into the community.

2. Target Population

In late 1977 the service became available throughout the State.

3. Provider Supply

1975

1976

1977

Number of aides

25

13

Number of counties w/ aides

As of 1978 the service is available
in all counties but not necessarily
utilized.

4. Administration

Reimbursement

Fringe benefits

5. Utilization Data

1975

1976

1977

Number of Patients

11

6

Total Costs

\$4,539.25

\$1,500

Average Case Cost

Personal Care Services

1. Characteristics of Services

Caseworker and Medicaid agency determine whether patient/client needs personal care or other type of service. The aides are employed directly.

2. Target Population

All eligible Medicaid recipients, including aged and younger disabled.

3. Provider Supply	1975	1976	1977
Number of aides	-	-	7
Number of counties w/ aides	-	-	4

4. Administration

Reimbursement \$3.00/hr.

Fringe benefits 15%

5. Utilization Data	1975	1976	1977
Number of Patients	-	-	7
Total Costs	-	-	not available
Average Case Cost	-	-	" "

Personal Care Services

1. Characteristics of Services

Maximum number of hours of service is 8 hours per day. No training required. Supervision by M.D. and case worker. No RN supervision. Care includes accompanying patient to clinic or to Doctor's office.

2. Target Population

Any eligible recipient in need of long term care.

3. Provider Supply	1975	1976	1977
Number of aides	unknown	36	83
Number of counties w/ aides	"	?	8

4. Administration

Reimbursement Hourly wage: \$2.20 or Federal minimum wage.

Fringe benefits none.

5. Utilization Data	1975	1976	1977
Number of Patients	36	435*	50
Total Costs		\$570,000	\$93,309
Average Case Cost			\$ 1,124/yr

* Cumulative rather than unduplicated count

Personal Care Services

1. Characteristics of Services

Patients receiving personal care services are those not in need of home health agency care; or conversely those receiving home health agency care are patients for whom a personal care aide is not available; field supervision is not available or patient requires a level of care beyond that provided by a personal care aide.

2. Target Population

Aged and Disabled.

3. Provider Supply	1975	1976	1977
Number of aides	50	60	75
Number of counties w/ aides	?	?	available in all 17 counties

4. Administration

Reimbursement For 1975 aides with training received \$3.50 per hour; those without \$2.75. Maximum payment is \$350/month.
In 1977 payment \$2.85 and \$3.95; LPN - \$4.30 & RN \$5.35/hr.

Fringe benefits None - considered independent contractors

5. Utilization Data	1975	1976	1977
Number of Patients	85	100	168
Total Costs	\$69,429	\$87,848	\$83,784.05
Average Case Cost	\$ 816	\$ 878	\$ 493

Personal Care Services

1. Characteristics of Services

Decision to use service is made on local level. Factors influencing this decision are: (1) physician orders; (2) patient's needs as determined through home assessment; (3) local resources. Aides are first hired through organized programs or agencies. A self-employed provider requires approval from State Department of Social Services. Some local Welfare Departments employ homemaker aides.

2. Target Population Aged and disabled

3. Provider Supply	1975	1976	1977
Number of aides	7	8,000	Not available.
Number of counties w/ aides			Available in all counties as needed.

4. Administration

Reimbursement 1976 data reported as \$1.63 to \$3.50 per hour. In New York City maximum for 24 hr. day is \$33-43.00.
1978 questionnaire indicated that data are not available until after MMIS is implemented.

Fringe benefits

5. Utilization Data	1975	1976	1977
Number of Patients	Est. 10,000		20,000
Total Costs		\$63,345,327*	\$126,435,823
Average Case Cost	not available - -		

* These figures include home health services as well as personal care and possibly homemaker.

Personal Care Services

1. Characteristics of Services

State has provided this type of service since 1960. Currently the title of the program is "Non-Technical Medical Care Services". Physicians order service since this is the only type of home care available. Aide receives either 20 hrs of classroom instruction or on the job training. Patients receive from 2 to 8 hours service per week.

2. Target Population Aged

3. Provider Supply	1975	1976	1977
Number of aides	3,312	4,398	7,31
Number of counties w/ aides	All 77	All	All

4. Administration

Reimbursement Daily wage maximum is \$8.51. Patient theoretically is aide's employer but aide has agreement with State which pays her and her FICA tax.

Fringe benefits - FICA; for 1977 this amounted to \$940,722.

5. Utilization Data	1975	1976	1977
Number of Patients	3,094	4,124	7,840
Total Costs	\$4,966,541	\$6,498,476	\$8,686,466
Average Case Cost	\$ 1,604	\$ 1,333	\$ 1,107

State Wisconsin July 1978

Personal Care Services

1. Characteristics of Services



CMC Library
C2-07-13
7500 Security Bldg.
Baltimore, MD 21344

2. Target Population

All eligible individuals in all counties.

3. Provider Supply	1975	1976	1977
Number of aides	n/a	n/a	unavailable
Number of counties w/ aides			

4. Administration -- Anticipated costs: \$20,000 per county

Reimbursement

Fringe benefits

5. Utilization Data	1975	1976	1977
Number of Patients	n/a	n/a	unavailable
Total Costs			
Average Case Cost			

CNS LIBRARY



3 8095 00002587 0